



## Medicaid Changes Related to Mental Health and Disability Redesign: Webinar 3

### Service Plan Authorization and Rate Changes

July 26, 2012

# County Contracted Rates

- In the past:
- Contracted Services:
  - Prevocational, Day Habilitation, Transportation, and Adult Day Care.
- Provider agency negotiated rates with CPCs.
- Contracted rates reimbursed by Medicaid.
- When no county contract, rates are not to exceed Medicaid fee schedule maximums (IAC 441-79.1(2)).

# County Contracted Rates

Contract rates will be honored when:

- There is a contract in place.
- The county intends to purchase services.
- Supporting documents are provided to the Case Manager to support rate request. (i.e. communication to the provider from the county, Appendix A of CRIS report)
- When no county contract, rates are not to exceed Medicaid fee schedule maximums (IAC 441-79.1(2)).

# County Contracted Rates

- CM and TCM Responsibilities
  - Maintain county contract rate documentation.
  - If the county contract ends, restore the rate to the rate established by the provider, not to exceed the Medicaid fee schedule maximums.

# Service Plan Review

- ISIS milestone and/or D-4 received.
- Reviews are based on changes in the members needs
- Review Coordinator reviews the service plan change request and existing service plan documentation.
- Review Coordinator has phone consult with case manager, if necessary.
- Complete service plan review for medical necessity.
- Service plan is authorized when services are determined to be medically necessary and supported by the rates requested.

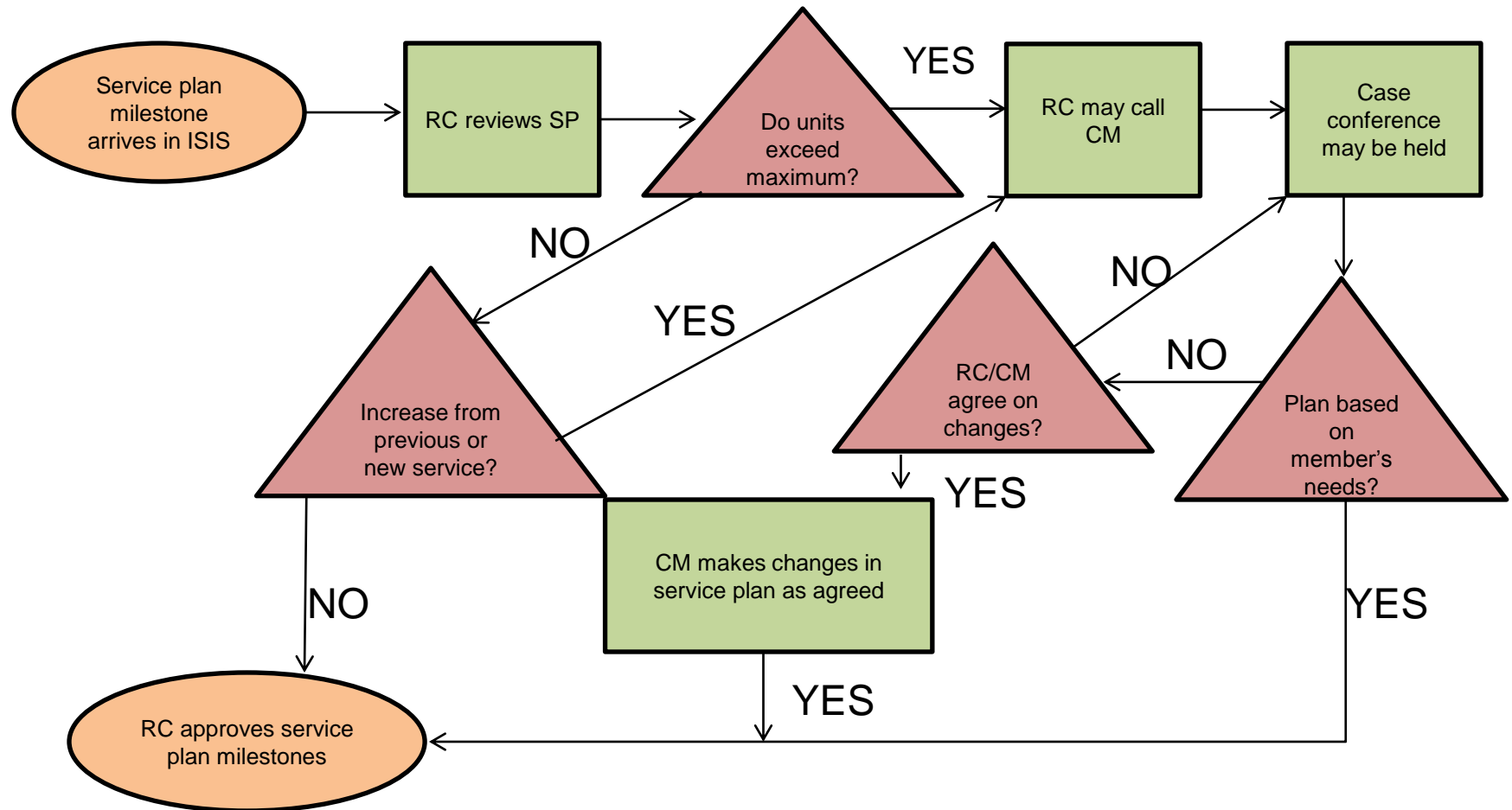
# Service Plan Review Focus

- Individualized to member's needs and provides benefit/value to member.
- Member changes:
  - Medical, behavioral, environmental, or situational.
- Support/service needs of member

# Service Plan Review Focus – Cont'd.

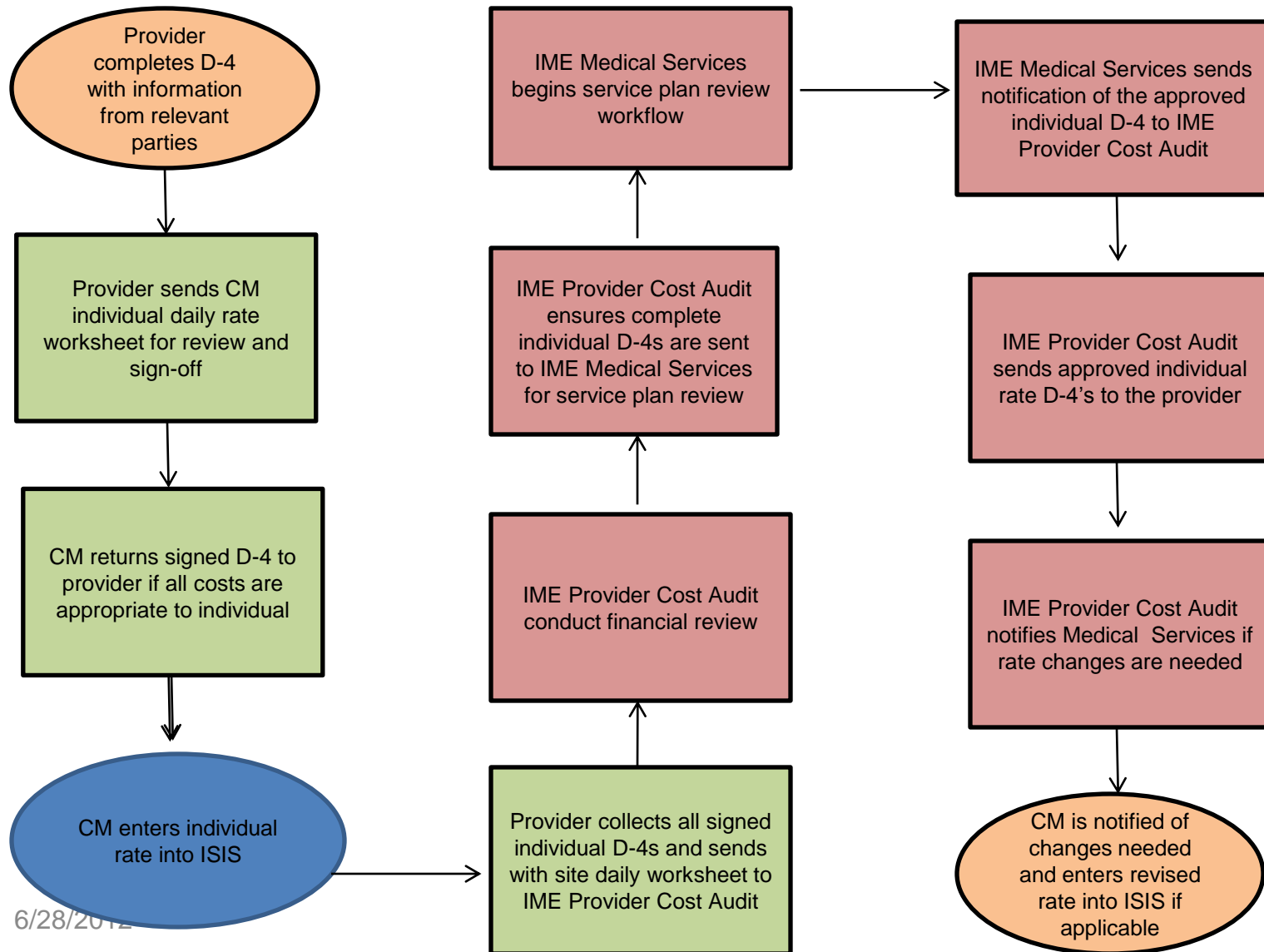
- Supervision requirements/staffing needs.
- Maximized use of state plan and non Medicaid services.
- Access to natural supports and community resources.

# Service Plan Review Workflow





# D-4 Review Workflow



6/28/2012

# Service Plan Review

## D-4 Focus

- Member specific needs that reflect the provider costs allocated to the individual D-4
- Member's individualized needs support identified costs.
  - Line 3290 – Other related transportation;
  - Line 3520 – Other consultation/instruction; or,
  - Line 4320 – Other equipment repair or purchase.
- Expenditures in member's service plan (including \$1570).

# Expense Lines – Cont'd.

## Line 3290 – Other Related Transportation

- ALL expense for transportation when member IS in the vehicle for service plan activities
  - Mileage, taxi, car pool, bus fare, agency-owned vehicle expenses
- Program Restrictions
  - BI Waiver SCL **cannot** include transportation to/from work or day services
  - ID Waiver SCL **may** include transportation to/from work and day services

# Expense Lines – Cont'd.

## Line 3520 – Other Assistance

- Expenses related to the implementation of specific service plan goals
- Consultation and instruction
  - Behavior programming and training
  - Reinforcement for behavior modification
  - Socialization

# Expense Lines – Cont'd.

- Line 3520 – Other Assistance
- Staff Expenses
  - Can only be used to cover staff admission to activities **when** there are not member or community resources available **and** there is an instructional goal for the member

# Expense Lines – Cont'd.

## Line 4320 – Other Equipment Repair or Purchase

- Environmental Modifications and Furnishings
  - Home repair or modifications based on specific member needs
  - Cost of furniture if the HCBS Waiver member doesn't have any and cannot access other resources
  - Home modifications not covered under HVM
  - Does not include decorations or rent

# Individual Daily Rate Worksheet

- Worksheet for each member living at site
- Member Name and ID
- Case Manager Name
- Indication of change in service plan
- Explanation and support of expenses
- Staffing Schedule – can be attached
- Certification by Provider and CM

**HCBS SUPPLEMENTAL SCHEDULE D-4**
**TO FORM SS-1703-0**
**INDIVIDUAL DAILY RATE WORKSHEET**

Effective Date:

Provider Name:

Member Name:

NPI

Member ID:

Site Name:

Case Manager:

Indicate if the Member had a change in service plan (Y/N)

Provide explanation of the change:

Form 1703-0 Line:

2120 - Professional Direct Staff

Direct Hours

2130 - Other Direct Staff

Direct Hours

2200 - Direct Staff Benefits

2300 - Direct Staff Payroll Taxes

3210 - Mileage and Auto Rental

Number of Miles

Rate Paid / Mile

Provide explanation of expense:

3250 - Agency Vehicle Expenses

Number of Miles

Rate Paid / Mile

Provide explanation of expense:

**\*Provide a description of specific expenses listed for each line. Identify other resources sought, but not available for these expenses. Expenses included on Lines 3290, 3520 and 4320 below must be included in the member's specific service plan. The sum of these lines is limited to \$1,570 annually per member.**

3290 - Other Related Transportation\*

Included in Member Service Plan (Y/N)

3520 - Other (Consultation Expenses)\*

Included in Member Service Plan (Y/N)

4320 - Other Equipment Repair and Purchase\*

Included in Member Service Plan (Y/N)

Total Direct Expense

\$ -

Indirect Expense (limited to 20% of direct expense)

Total Cost

\$ -

Number of Units Provided

Unit Cost

\$ -



**Provide the staffing schedule for the member Daily Rate on the Individual Daily Rate Worksheet. This include times of day, staff to member ratios, other services provided to the member (e.g. day/work programs), and total hours. A separate spreadsheet or document can also be attached to this form.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Span							
Ratio							
Hours							
Time Span							
Ratio							
Hours							
Time Span							
Ratio							
Hours							
Time Span							
Ratio							
Hours							
Time Span							
Ratio							
Hours							
Total Hours	-	-	-	-	-	-	-

**and in**

**Provide any additional explanations for needed changes in services and/or expenses (i.e. ratio of mid management staff to members on caseload, percentage of time charged, changes in hourly wages of staff, description of staffing pattern, changes in benefit expenses, changes in payroll tax expenses, etc.)**

I certify that I have examined the accompanying schedules of expenses and the calculation of cost of service prepared for this agency and that to the best of my knowledge and belief they are true and correct. I also certify that these schedules were prepared in accordance with instructions contained in this report and the allowable cost of care excludes expenses that were not necessary to provide this care.

SIGNED (Officer or Administrator of Agency)

Date

SIGNED (Case Manager)

Date

# \$1,570 Specific Support Needs Limit Documentation

- Support expenses must be an assessed need
- Reviewed annually
- Provider and CM maintain records to support expenditure
- Documentation in CM service plan including need of the member, projected expense, and supporting calculations

# \$1,570 Specific Support Needs Limit Documentation

- Transportation will be provided to allow Helen to access medical services, activities in her community, and in case of an emergency. This will include staff mileage and bus fare. Projected costs of \$800 a year for member specific transportation. (Used to support line 3290)
- Instructional money of up to \$60 will be utilized to purchase cookbooks needed for Helen to achieve her personal outcome and goal of learning to cook nutritious meals. (Used to support Line 3520)

# Reviewing the Staffing Schedule

- CM will review the following:
  - Staffing schedule for each member in relation to the needs assessed
  - Staffing ratios, including times of day, other services (e.g. day/work programs), time spent alone, and total hours received
  - Staffing projections should be based on historical patterns where applicable

# D-4 Certification

- When signing the D-4 the CM is attesting that the budget reflects the member's needs and is included in the case manager service plan
- When signing the D-4 the Provider is attesting that the budget reflects individual expense amounts and maintains records which support those expenses

# Links

- IL 1141 and 1150 can be found at:  
<http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>
- **FAQ can be found at:**  
[http://www.ime.state.ia.us/HCBS/help\\_ownhome.html](http://www.ime.state.ia.us/HCBS/help_ownhome.html)
- Please send all questions to:  
[HCBSwaivers@dhs.state.ia.us](mailto:HCBSwaivers@dhs.state.ia.us)